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CONFIRMATION NO. 4175

<b>SERIAL NUMBER</b> 10/590,078	<b>FILING or 371(c) DATE</b> 05/24/2007 <b>RULE</b>	<b>CLASS</b> 514	<b>GROUP ART UNIT</b> 1614	<b>ATTORNEY DOCKET NO.</b> 293938US0X PCT		
<b>APPLICANTS</b> Fabrizio Dolfi, Valbonne, FRANCE; Irina Safonova, Nice, FRANCE; <b>** CONTINUING DATA *****</b> This application is a 371 of PCT/FR05/00371 02/17/2005 <b>** FOREIGN APPLICATIONS *****</b> FRANCE 0401723 02/20/2004 <b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **</b> 08/24/2007						
Foreign Priority claimed <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 35 USC 119(a-d) conditions met <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Verified and Acknowledged <i>[Signature]</i> Examiner's Signature		<input type="checkbox"/> Met after Allowance Initials	<b>STATE OR COUNTRY</b> FRANCE	<b>SHEETS DRAWINGS</b> 0	<b>TOTAL CLAIMS</b> 18	<b>INDEPENDENT CLAIMS</b> 1
<b>ADDRESS</b> OBLON, SPIVAK, MCCLELLAND MAIER & NEUSTADT, P.C. 1940 DUKE STREET ALEXANDRIA, VA 22314 UNITED STATES						
<b>TITLE</b> Use Of Metronidazole For Preparing A Pharmaceutical Composition For Treating A Cutaneous Inflammation						
<b>FILING FEE RECEIVED</b> 1030	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:			<input type="checkbox"/> All Fees		
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